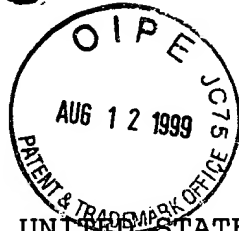


169.0976



FILE COPY

Receipt #19

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
JAMES PHILIP ANDREW ) : Examiner: Not Yet Assigned  
Application No.: 09/161,770 ) : Group Art Unit: 2721  
Filed: September 29, 1998 ) :  
For: METHOD FOR DIGITAL ) :  
DATA COMPRESSION ) : Date: August 11, 1999

RECEIVED  
DEC 23 1999  
100 MAIL ROOM

Assistant Commissioner for Patents  
Washington, D.C. 20231

SUPPLEMENTAL REQUEST FOR CORRECTED FILING RECEIPT

Sir:

Supplemental to the Request For Corrected Filing  
Receipt submitted on January 7, 1999 in the above-identified  
application, Applicant respectfully requests the issuance of a  
corrected Filing Receipt that reflects the correct name and  
residence of the inventor:

--JAMES PHILIP ANDREW, WAVERTON, NEW SOUTH WALES 2060,  
AUSTRALIA--.

No fee is believed necessary in connection with this  
Request. If, however, a fee is required, the Commissioner is  
hereby authorized to charge the requisite amount to Deposit  
Account 06-1205.

64477 Shelia Thomas 5-18 99 TB

Applicant's undersigned attorney may be reached in our New York Office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address listed below.

Sincerely,

Abigail Cousins  
Attorney for Applicant

Registration No. 29,292

FITZPATRICK, CELLA, HARPER & SCINTO  
30 Rockefeller Plaza  
New York, New York 10112-3801  
Facsimile: (212) 218-2200

NY\_MAIN 20175 v 1

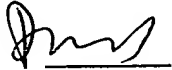
SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/161,770	09/29/98	382	2721	169.0976

APPLICANT

JAMES PHILIP ANDREW, WAVERTON, AUSTRALIA.

RECEIVED  
DEC 23 1998  
TC 2100 MAIL ROOM

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED



\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED



\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

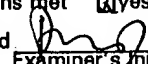
AUSTRALIA  
AUSTRALIA

PO9510  
PP0776

09/29/97  
12/08/97



IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/18/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY AUX	SHEETS DRAWING 11	TOTAL CLAIMS 120	INDEPENDENT CLAIMS 18
Verified and Acknowledged 		Examiner's Initials	Initials		

ADDRESS

SEE CUSTOMER NUMBER: 005514

TITLE

METHOD FOR DIGITAL DATA COMPRESSION

FILING FEE RECEIVED	FEEs: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$4,350		

6